

## **FETAL NON-STRESS TEST WITH OR WITHOUT ULTRASOUND**

Policy # 37

Implementation Date: 1/1/07

Review Dates:

Revision Dates: 4/1/06, 1/1/09, 10/1/09, 8/12/14, 8/14/17, 1/3/24

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

### **Description**

A fetal non-stress test is the monitoring of a developing baby's heart rate during an approximate 20-minute period. It is, however, not unusual for this simple and painless procedure to run as long as an hour or more. Two belts are placed around the mother's waist to record uterine activity and the baby's heart rate in conjunction with that activity. This test can be done at any time during the pregnancy, though, it is most frequently done during the third trimester.

### **COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)**

**Select Health will cover this service based on the criteria below:**

- A non-stress test can be reported as an independent service when medically indicated. Medical indications for this service could be, but not limited to, the following: a) the pregnancy is high-risk; b) the pregnancy has gone beyond the due date; c) the mother has diabetes or high blood pressure; e) the baby appears small; f) the baby is more, or less, active than normal; g) there is too much, or too little, amniotic fluid around the baby; h) multiple gestation. In these cases, there should be a non-stress test report.
- For non-stress testing performed on multiple gestations, the test for the first fetus should be reported using code 59025, with additional tests for each additional fetus reported using code 59025, with modifier 59, *Distinct procedural service*, appended. Subsequent testing should be reported using code 59025, with modifier 76, *Repeat procedure or service by same physician*, or modifier 77, *Repeat procedure or service by another physician*. The appropriate ICD-10-CM diagnosis showing multiple gestation should also be used.
- A non-stress test can be done as part of a more detailed service (76818), known as a Biophysical Profile (BPP), which is an ultrasound that closely evaluates: fetal breathing movements (one or more episodes of rhythmic fetal breathing movements of 30 seconds or more within 30 minutes); fetal movements (three or more discrete body or limb movements within 30 minutes); fetal tone (one or more episodes of extension of fetal extremity with return to flexion); quantification of amniotic fluid volume, and includes a non-stress test. In this case, the documentation of the non-stress test should be incorporated within the text of the dictated ultrasound report and should not be billed separately.

In some cases, a clinician may request a non-stress test to evaluate the baby's heart rate and an ultrasound for amniotic fluid volume (typically billed with 76815 or 76816), or other fetal ultrasound services. When this occurs, both tests should be independently documented in the patient record and the -59 modifier should be attached to the second service or procedure. A dictated report is required for the ultrasound for the professional service to be payable.

## SELECT HEALTH MEDICARE (CMS)

Select Health Medicare **will follow the commercial plan policy.**

## SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes	Descriptions
59025	Fetal non-stress test
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile; with non-stress testing
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; middle cerebral artery
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study

## Sources

1. CMS. (2006, July 14). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved November 25, 2024, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
2. *Current Procedural Terminology (CPT®)*, (2024) – American Medical Association
3. ICD-10-CM Coding Guidelines. (2024, January 1). Retrieved November 25, 2024, from <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2017-ICD-10-CM-Guidelines.pdf>
4. *Surgery: Maternity Care and Delivery*, Q&A, CPT Assistant – December 2008, Volume 18, Issue 12, p. 8, EncoderPro 2014.

## Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Select Health.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and Select Health, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association